APIC GREATER KANSAS CITY

Updated 02/2025

Financial Award Application

Name & Credentials:	
Title:	
Employer:	
Date when you became a member of the Greater KC APIC Chapter (MM/YY):	

Award Application (Please select the award you are applying for):			
New Infection Preventionist Award		Leadership Award	
Harriett Mitchell Memorial Award for Local Education		Harriett Mitchell Memorial Award for National APIC Conference	
Board Member Award			

Meeting attendance will be verified with chapter secretary. If unable to attend at least 60% of chapter meetings in the last rolling 12 months, state reason why:

Mark all applicable award criteria:	
Yes, I am certified in infection control (CIC)	
No, I am not certified	
I have served on the Board of Directors in the last 5 years	
I have served as a Committee Chairperson or Co-Chairperson in the last 5 years	
I have participated in community education on infection prevention and control in the last 5 years	
I have done a poster presentation or abstract that was accepted for a national conference in the last 5 years	

Describe how your attendance at the conference or other educational opportunities will impact your infection prevention and control practice:

I have read and understand the general criteria for financial award and the commitments required by accepting an award.	
Applicant's name	
Applicant's signature	
Date	